OESOPHAGOGASTRIC GNASTOMOSIS AUDIT 2018

WMRC: West Midlands Research Collaborative

Presenting author: Richard Evans

Aim: To audit current oesophagectomy outcomes, with particular emphasis on anastomotic technique and anastomotic leaks, against the standards identified in current literature.
Patients: Patients undergoing oesophagectomy for oesophageal cancer with curative intent. Intervention/Comparator: This is a non interventional study and aims to identify the variation in practice and outcomes from hospitals internationally. Data will be collected on pre, intra and postoperative factors which may influence outcomes.
Outcome(s)/Audit Standard: As set forth by AUGIS Guidance for the provision of services for Upper GI Surgery (2016) 1 Anastomotic leak rate should be <10% 2 Major postoperative morbidity should be <20% 3 30 day mortality rate should be <5% 4 90 day mortality rate should be <10%.
Study design: A nine month multicentre prospective audit will be performed globally starting in early 2018 and coordinated by the Oesophagogastric Anastomosis Audit Group through the West Midlands Research Collaborative. This will include patients undergoing oesophagectomy over 6 months and encompassing a 90day follow up period.

A pilot data collection period will be initiated at University Hospitals Birmingham and 3 other hospitals in 2017. Data will be collected in a REDCap Database. Currently there is variation in practice for those undergoing oesophagectomy. Using a collaborative approach we seek to obtain a large data set from which we can analyse trends in practice that may be associated with an improved outcome.

We believe that analysis of high quality prospectively collected data of anastomotic technique and leak management will facilitate identification of best practice and pave the way to a randomised trial in this arena. Over 30 centres have already expressed an interest in taking part in the audit and we have yet to significantly advertise and disseminate our finalised protocol. We hope to collate potentially the largest prospective, multicentre dataset on oesophagectomy outcome to date.

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ACUTE MESENTERIC ISCHAEMIA AN OBSERVATIONAL STUDY ON PRESENTATION, MANAGEMENT AND OUTCOMES (ARIOSO)

NWRC: North West Research Collaborative

Presenting author: Hema Sekhar

Background: Acute mesenteric ischaemia (AMI) is the abrupt cessation of blood flow through the mesenteric arteries. It is the reported pathology in over 30% of patients undergoing nontraumatic emergency laparotomy and may be caused by atherosclerosis, atherothrombosis, arterial embolism, arterial dissection, or may occur in patients with shock (either with or without structurally normal arteries). As the population ages, AMI is becoming increasingly common and mortality rates remain unacceptably high. The 2016 NELA report suggests 30 and 90day mortality rates of 26% and 30% respectively, with only 26% of AMI patients alive one year later. Current guidelines acknowledge the deficit of high quality studies and so the evidence base for their recommendations is limited. By its nature, AMI is a crossspecialty disease (including vascular and gastrointestinal surgeons, noninterventional and interventional radiologists, physicians and critical care teams) but current guidelines remain specialityspecific, with no multidisciplinary consensus yet achieved.
Methods: We will undertake a prospective observational study to investigate the presentation, management and outcomes in patients with AMI. This study will be conducted by the Northwest Research Collaborative, managed by a multidisciplinary steering group and will recruit from hospitals nationwide. The aim is to prospectively gather high quality data from patients with AMI during a sixmonth to a oneyear period. Data defining clinical presentation, investigation, acute management, 30 day and 90 day mortality rates, morbidity, secondary management of survivors and 5year survival rates will be produced.
Conclusions: This dataset will provide highquality evidence as a basis for further study. We will assess how observed practices adhere to current guidelines, and we will identify opportunities to maximise the quality of patient care.

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IDENTIFY THE INVESTIGATION AND DETECTION OF UROLOGICAL NEOPLASIA IN PATIENTS REFERRED WITH SUSPECTED URINARY TRACT CANCER: A MULTICENTRE ANALYSIS

BURST: British Urology Researchers in Surgical Training

Presenting author: Sinan Khadhouri

Aim: A contemporary evaluation of current urological practices, and assessment of the prevalence of urinary tract cancers, in patients referred to secondary care with suspected urinary tract cancer; to allow recommendation in cancer diagnosis pathways that may improve patient experience, minimize invasive and unnecessary investigations, reduce waste of resources and optimize use of the most appropriate tests.
Patients: Any patient referred with visible, nonvisible haematuria or nonhaematuria for suspected urothelial cancer, excluding those with previous urological cancer or those who are unable to undergo a cystoscopy.
Outcomes: Prevalence of urological cancers in patients referred for suspected urothelial cancer as confirmed on flexible cystoscopy, imaging and/or further cytopathological evaluation. Sensitivity, specificity, positive and negative predictive value of different imaging modalities in the diagnosis of different urothelial cancers. Identification of patient factors associated with different types of urothelial cancer. Costeffectiveness of different diagnostic strategies for diagnosis of bladder and upper tract cancer.
Study design: Prospective multicentre observational cohort study carried out in UK, European and nonEuropean International Urological Secondary care centres. Methods Patient data will be collected from secondary care centres that evaluate patients with suspected urinary tract cancer and have the ability for cystoscopy to be carried out. Participating collaborators will need to have access to cystoscopy, and will complete a summary sheet of the normal practice currently used at their site for investigation of suspected urothelial cancer. A set data collection period will be allocated, in which time data for consecutive patients seen by the participating collaborators will be collected. All requested data can be collected from the routine assessment of the patients that meet the inclusion criteria. Patients will be followed up until the final diagnostic outcome is reached.

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